



Transforming Prayer Ministry Pre-Appointment Information and Confidential Personal History (CPH)

The following information will help you to understand and prepare for your Transforming Prayer Ministry (TPM) prayer sessions.

This Confidential Personal History (CPH) has a double purpose. It is a further preparatory step for you, by helping you focus on issues to pray about as you go through Transforming prayer. It will also help your Facilitator prayerfully prepare for your appointment.

Transforming Prayer Ministry Appointment Explanation:

During your appointment(s), a Facilitator will assist you in prayer to:

- Ask God to reveal the “first time” you experienced a painful emotion that has surfaced.
- Go to that historic memory event to uncover any core beliefs (lies) you believe as a result of the event.
- Ask God to tell you *His truth* about that “first-time event.”
- Choose whether or not to believe God’s truth rather than your own core belief.

If you choose to believe God’s truth, the reaction will be neutralized. Pain that is associated with that reaction is healed since the untrue core belief is removed.

Two initial appointments will be set up for you. Typically, appointments are 1½ to 2 hours in length.

God will be present and active during your TPM prayer sessions. He will facilitate the discovery and healing. We commit the time to His agenda in your life.

Completing Required Confidential Information:

Complete and send the attached *Confidential Personal History* (CPH)

or:

Send your less than one-year old Freedom Ministry *Confidential Personal Inventory* (CPI) to:

Director of Transforming Prayer Ministry
New Hope Church
4741 Zealand Ave. N.
New Hope, MN 55428

**If you do not hear back from us within two weeks of sending us this completed paperwork,
please contact the Director of Transforming Prayer Ministry at 763-971-5119.**

(OVER)

Personal Preparation

The focus during your Transforming Prayer session is on following God where He chooses to lead. The suggestions below will help you prepare to follow Him:

- ❑ Begin reading “*Healing Life’s Hurts*” by Dr. Ed Smith, available through Care Ministries for \$15.00 or you can check out a copy from the Care Ministries Transforming Prayer office (call 763-971-5119) or from the NHC library on Sunday mornings. The first three chapters of this book are available as a free download at www.theophostic.com
- ❑ Ask spiritual friends, mentors, pastors, etc., to pray for you during your prayer sessions. God listens to those who intercede on behalf of His children.
- ❑ Find out more about this prayer ministry technique by visiting the website: www.theophostic.com
- ❑ Read “*The Essentials of Transforming Prayer Ministry*” article (enclosed or downloadable at www.newhopechurchmn.org/prayer/transformingprayer2.php)

Other Resources and Opportunities

- ❑ A Freedom Appointment may enhance your spiritual journey before, during, or after your Transforming Prayer Ministry prayer sessions. A Freedom Appointment addresses the seven areas of life where Satan most often takes advantage of us and will help you do a general “spiritual housecleaning.” If you desire this, call the Director of Freedom & Transforming Prayer Ministries at 763-971-5119, and indicate your desire to have a Freedom Appointment. You may use your current Confidential Personal History (CPH) for this appointment, and will be mailed Freedom Appointment information.
- ❑ If you’ve had a Freedom Appointment, please review the “seven areas of life” on your own to ensure that you’ve done what you can to prepare yourself for God’s leading and healing in your Transforming Prayer sessions.

God may bring more issues to mind during your appointments. Come ready to be totally open and honest in order to gain the greatest possible help. It is normal to sense some apprehension as you anticipate your appointments, but you will find an atmosphere of love and acceptance there.

If you have questions, please call Director of Transforming Prayer at 763-971-5119.

Encl:

- Transforming Prayer Ministry information card
- CPH Form (for recipient without a Freedom CPI that is less than one year old)
- “*The Essentials of Transforming Prayer Ministry*” article

Transforming Prayer Ministry - Confidential Personal History (CPH)

Please use ink to complete!!!

Name _____ Sex _____ Age _____

Address _____

City _____ State _____ Zip _____

Day Phone () _____ Evening Phone () _____

Email address _____ May we use email? Yes No

May we leave a message? Day Phone: Yes No Evening Phone: Yes No

Do you regularly attend NHC? No Yes – How Long? _____

Current Church Name (if not NHC): _____ City: _____

Referred to Transforming Prayer Ministry by: _____

Vocation: Present _____

Past _____

Highest Level of Education: high school technical school college masters
 doctoral other _____

Have you had a Freedom appointment? No Yes Pending When? _____

Name of Encourager: _____ If not at NHC, where: _____

My Understanding

I understand that my participation in completing this Confidential Personal Inventory and in the appointment is totally voluntary on my part. I understand that the person who will lead me through the appointment is not necessarily a professional counselor or therapist, but a fellow Christian who is making himself/herself available to pray with me and guide me through the session. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses as a result of this prayer ministry.

Signed _____ Date _____

OFFICE USE ONLY

Initial Contact Date _____ Date CPH Sent _____ Date CPH Returned _____

Facilitator Assigned _____ Prayer Partner(s) Assigned _____

Date(s) of Appt(s) _____

1. Employment

a) Do you work outside the home? Yes No

If yes, where _____

2. Marital Status

a) Currently Married Number of years _____ Previously Married Number of years _____
Widow/Widower Divorced Separated Single

b) Children-current marriage: Names (optional) and ages:

c) Children-previous marriage: Names (optional) and ages:

3. Please explain why are you requesting a personal Transforming Prayer Ministry appointment?

4. Problem issues

Please check any of the following emotions you have had or are presently having difficulty controlling, and also circle those that you feel are the greatest areas of concern.

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> frustration | <input type="checkbox"/> anger | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> worthlessness | <input type="checkbox"/> depression |
| <input type="checkbox"/> hatred | <input type="checkbox"/> bitterness | <input type="checkbox"/> fearfulness |
| <input type="checkbox"/> hopelessness | <input type="checkbox"/> rejection | <input type="checkbox"/> abandonment |
| <input type="checkbox"/> insecurity | <input type="checkbox"/> insignificance | |
| <input type="checkbox"/> other _____ | | |

5. Family History

a) Were you adopted? Yes No

b) Are/were your parents born-again Christians? Yes No

If so, do/did they profess and live their Christianity? Yes No

c) Are/were your parents divorced? Yes No

d) Who was the authority figure in your home? Father Mother Other

e) Have your parents, grandparents or great-grandparents ever been involved in any occult, cultic or non-Christian religious practices? Yes No If yes, please explain:

f) Identify your parents' position on the following:

	Overly Permissive	Permissive	Average	Strict	Overly Strict
Clothing/modesty					
Sanctity of sex inside marriage					
Dating					
Movies					
Music					
Use of alcohol					
Use of non-prescription drugs					
Use of tobacco					
Church attendance					
Free Will					

g) Identify the sex and age of your sibling(s) and place the list in birth order (oldest → youngest):

Child	Sex	Age
a)		
b)		
c)		
d)		
e)		
f)		
g)		

h) Describe the emotional atmosphere in your home while you were growing up. Include a brief description of your relationship with your parent(s) and sibling(s):

6. Health

a) Is there a history of ongoing physical illness in your family? Yes No

If yes, please list specific disease(s) _____

b) Is there a history of mental illness? Yes No

If yes, please explain briefly _____

c) Is there a history of addictive problems? Yes No

If yes, to what? _____

d) Have you been impacted by an abortion? Yes No

e) Have you been impacted by homosexuality? Yes No

f) Describe your general health: _____

g) List medication(s) you are taking and the purpose for which you are using them:

Medication	Purpose

7. Lifestyle Pursuits

a) Do you feel there is balance in your life in regard to the amount of time you spend in the following areas:

	Yes	No
Spouse		
Family		
Friends		
Recreation/hobbies		
Christian activity/church		
Personal time with God		
Work		

b) Do you get adequate rest? Yes No

c) Do you have problems sleeping at night? Yes No

d) Do you primarily eat balanced nutritional meals? Yes No

e) Do you have any unusual eating habits? Yes No

f) Identify addictive problems or cravings you are dealing with, if any:

g) Identify moral problems you are dealing with, if any:

h) Have you experienced abuse or trauma? Yes No

If yes, please explain: _____

8. Spiritual Issues

a) Have you received Jesus Christ as your personal savior? Yes No

b) When did you receive Christ? _____

c) How do you know that you have received Christ?

d) Are you plagued with doubts concerning your salvation? Yes No

If yes, please explain: _____

e) How do you view God? (Distant? Harsh? Judging? Loving? Near?)

f) Do you usually have a personal Bible reading and prayer time? Yes No

g) Are there additional ways in which you are enjoying fellowship with other Christian believers?

Yes No When and where? _____

h) Do you find prayer difficult? Yes No

If yes, please explain: _____

i) Do you find Bible reading difficult? Yes No

If yes, please explain: _____

9. Please complete the following Non-Christian Spiritual Experience History:

NON-CHRISTIAN SPIRITUAL EXPERIENCE HISTORY

(Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Astral-projection (out-of-body) | <input type="checkbox"/> Horoscopes | <input type="checkbox"/> Science of the Mind |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Incubi and succubi (sexual spirits) | <input type="checkbox"/> Scientology |
| <input type="checkbox"/> Automatic writing | <input type="checkbox"/> Islam | <input type="checkbox"/> Séance |
| <input type="checkbox"/> Bahaism | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Secret Oaths |
| <input type="checkbox"/> Black and white magic | <input type="checkbox"/> Magic eight ball | <input type="checkbox"/> Self hypnosis |
| <input type="checkbox"/> Black Muslim | <input type="checkbox"/> Masons/Shriners | <input type="checkbox"/> Silva Mind Control |
| <input type="checkbox"/> Blood pacts or cut yourself in a destructive way | <input type="checkbox"/> Materialization | <input type="checkbox"/> Speaking in trance |
| <input type="checkbox"/> Bloody Mary | <input type="checkbox"/> Mental suggestions or attempting to swap minds | <input type="checkbox"/> Spirit guides |
| <input type="checkbox"/> Children of God | <input type="checkbox"/> Mormonism | <input type="checkbox"/> Swedenborgianism |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Native American Spirit Worship | <input type="checkbox"/> Table lifting or body lifting |
| <input type="checkbox"/> Church of the Living Word | <input type="checkbox"/> New Age | <input type="checkbox"/> Tarot cards |
| <input type="checkbox"/> Clairvoyance | <input type="checkbox"/> New age medicine | <input type="checkbox"/> Telepathy |
| <input type="checkbox"/> Dungeons and Dragons | <input type="checkbox"/> New Warriors | <input type="checkbox"/> The Way International |
| <input type="checkbox"/> Eastern Star / Demolay / Job's Daughters | <input type="checkbox"/> Ouija board | <input type="checkbox"/> Theosophical Society |
| <input type="checkbox"/> Eckankar | <input type="checkbox"/> Paganism | <input type="checkbox"/> Transcendental Meditation |
| <input type="checkbox"/> EST (The Forum) | <input type="checkbox"/> Palm or tea leaves reading | <input type="checkbox"/> Unification Church |
| <input type="checkbox"/> Father Divine | <input type="checkbox"/> Psychics | <input type="checkbox"/> Unitarianism |
| <input type="checkbox"/> Fetishism (objects of worship) | <input type="checkbox"/> Rod & pendulum (dowsing) | <input type="checkbox"/> Unity |
| <input type="checkbox"/> Fortune telling | <input type="checkbox"/> Rosicrucianism | <input type="checkbox"/> Voodoo |
| <input type="checkbox"/> Ghosts | <input type="checkbox"/> Roy Masters | <input type="checkbox"/> Witness Lee |
| <input type="checkbox"/> Hare Krishna | <input type="checkbox"/> Satanic Books, Movies, Music, Videos | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Herbert W. Armstrong | <input type="checkbox"/> Science of Creative Intelligence | <input type="checkbox"/> Zen Buddhism |
| <input type="checkbox"/> Hinduism | | <input type="checkbox"/> Others: |
| | | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> _____ |

- a) Have you ever been hypnotized, attended a New Age or parapsychology seminar, consulted a medium, spiritist or channeler? Explain.
- b) Do you have or have you ever had an imaginary friend or spirit guide offering you guidance or companionship? Explain.
- c) Have you ever heard voices in your mind or had repeating and nagging thoughts that were foreign to what you believe or feel, like there was a dialogue going on in your head? Explain.
- d) What other spiritual experiences have you had that would be considered out of the ordinary?

Availability Information Form

To help our schedulers in setting up your appointment, please complete the following availability information.

Name _____

() _____ () _____
Daytime phone with area code Evening phone with area code

E-mail address _____

As a rule, I am typically AVAILABLE the following times for an appointment:

	SUN	MON	TUES	WED	THURS	FRI	SAT
MORNING							
AFTERNOON							
EVENING							

There are specific dates and times I know I AM NOT AVAILABLE for appointments:

The BEST TIME TO CALL me to discuss an appointment is:

May we leave a message? Yes No